

05/23/01
**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **01-148**First Inventor or Application Identifier **NISHIOKA**Title **METHOD AND APPARATUS FOR SUPPLYING
VEHICLE MAINTENANCE AND PARTS
INFORMATION**Express Mail Label No. 

J5971 U.S. PRO 09/18/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 17]	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
-Descriptive title of the Invention	
-Cross Reference to Related Applications	
-Background of the Invention	
-Summary of the Invention	
-Brief Description of the Drawings	
-Detailed Description of the Preferred Embodiment	
-Claims	
-Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. Oath or Declaration [Total Sheets 3]	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	9. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> Preliminary Amendment
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)	
*Small Entity Statement(s) (PTO/SB/09-12) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired	
13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
14. <input type="checkbox"/> Other:	
15.	

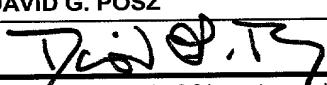
***NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group/Art Unit: _____

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or attach bar code label here)		or <input type="checkbox"/> Correspondence address below
Name	23400 PATENT TRADEMARK OFFICE	
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Date	S-23-01

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LAW OFFICE OF
DAVID G. POSZ
2000 L STREET, N.W., SUITE 200
WASHINGTON, D.C. 20036

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

DAVID G. POSZ
KERRY S. CULPEPPER*
* ADMITTED IN VA ONLY

(202) 416-1638
FAX (202) 416-1639
POSZLAW.COM

May 23, 2001

Hon. Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

OIPE HAND DELIVERY FILING CERTIFICATE

Applicant: NISHIOKA

For: METHOD AND APPARATUS FOR SUPPLYING VEHICLE MAINTENANCE
AND PARTS INFORMATION

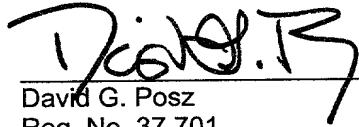
Docket: 01-148

Attorney: David G. Posz

Date of Deposit: May 23, 2001

I hereby certify that this certificate and the following documents are being hand delivered to, and deposited with, the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the above-indicated date, and are addressed to the Commissioner of Patents and Trademarks/Assistant Commissioner for Patents, Washington, D.C., 20231:

- return receipt postcard;
- transmittal form (2 copies);
- fee calculation form (2 copies);
- 17 page specification including 10 numbered claims;
- 2 sheets of formal drawings;
- executed declaration/power of attorney;
- executed assignment with recordation cover sheet (3 pages total);
- IDS with PTO-1449 form and 2 references;
- certified copy of priority document (JP 2000-208836); and
- check for \$990.



David G. Posz
Reg. No. 37,701
Attorney for Applicant

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 990)

Complete if Known	
Application Number	
Filing Date	May 23, 2001
First Named Inventor	NISHIOKA
Examiner Name	
Group/Art Unit	
Attorney Docket No.	01-148

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

50-1147

Deposit Account Name

LAW OFFICE OF DAVID G. POSZ

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee	
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)			(\$ 710)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from Below	Fee Paid
10	6	-20**=	18	0
		-3**=	80	240

Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee
103	18	203
102	80	202
104	270	204
109	80	209
110	18	210
SUBTOTAL (2)		
		(\$ 240)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee	
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	710	246	355
149	710	249	355

Other fee (specify) _____

Other fee (specify) _____

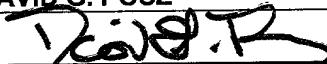
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40)

Fee Paid

40

SUBMITTED BY

Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(202) 416-1638
Signature				Date	5-23-01

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